

APPLICATION DATA SHEET

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	1625
CD-ROM or CD-R?::	None
Title::	FLUORO-SUBSTITUTED BENZENESULFONYL COMPOUNDS FOR THE TREATMENT OF INFLAMMATION
Attorney Docket Number::	PHA 4174.4 (3480/3)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	No
Secrecy Order in Parent?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	David
Middle Name::	L.
Family Name::	Brown
City of Residence::	Chesterfield
State or Province of Residence::	MO
Country of Residence::	US
Street of Mailing Address::	15504 Twingate
City of Mailing Address::	Chesterfield
State or Province of Mailing Address::	MO
Postal Code of Mailing Address::	63017

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Matthew
Middle Name:: J.
Family Name:: Graneto
City of Residence:: Chesterfield
State or Province of Residence:: MO
Country of Residence:: US
Street of Mailing Address:: 352 Hartwell Court
City of Mailing Address:: Chesterfield
State or Province of Mailing
Address:: MO
Postal Code of Mailing Address:: 63017

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Cindy
Middle Name:: L.
Family Name:: Ludwig
City of Residence:: St. Louis
State or Province of Residence:: MO
Country of Residence:: US
Street of Mailing Address:: 1412 Dautel Lane
City of Mailing Address:: St. Louis
State or Province of Mailing
Address:: MO
Postal Code of Mailing Address:: 63146

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Middle Name:: M.
Family Name:: Molyneaux
City of Residence:: St. Louis
State or Province of Residence:: MO
Country of Residence:: US
Street of Mailing Address:: 12420 Highlife Drive
City of Mailing Address:: St. Louis
State or Province of Mailing
Address:: MO
Postal Code of Mailing Address:: 63146

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Middle Name:: J.
Family Name:: Talley
City of Residence:: Cambridge
State or Province of Residence:: MA
Country of Residence:: US
Street of Mailing Address:: 122 Hamilton St. Apt. 2
City of Mailing Address:: Cambridge
State or Province of Mailing
Address:: MA
Postal Code of Mailing Address:: 02139

Correspondence Information

Correspondence Customer Number:: 000321

Representative Information

Representative Customer Number:: 000321

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	10/319,916	12/13/02
10/319,916	Continuation of	10/124,209	04/16/02
10/124,209	Non- Provisional of	60/285,264	04/20/01

Assignee Information

Assignee Name::

Pharmacia Corporation